



Traffic Crash Report

Local Report Number *

14-066

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

☐ Photos Taken
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ Other☐ PDO Under
State
Reportable
Dollar Amount☐ Private
Property

Reporting Agency NCIC *

08303

Reporting Agency Name *

Lebanon Police

Number of
Units

02

Unit in error
98 - Animal
99 - Unknown

01

County *

83

City *

☐ Village *
☐ Township *

City, Village, Township *

Lebanon

Crash Date *

02/14/2014

Time of Crash

15:49

Day of Week

FRI

Degrees / Minutes / Seconds

Latitude
0 ' " Longitude
0 ' "

Decimal Degrees

Latitude
39.435839 Longitude
-84.187031Roadway Division
☐ Divided
☐ UndividedDivided Lane Direction of Travel
☐ N - Northbound E - Eastbound
S - Southbound W - Westbound

Number of Thru Lanes

Road Types or Milepost²
AL - Alley CR - Circle
AV - Avenue CT - Court
BL - Boulevard DR - Drive
HE - Heights HW - Highway
LA - Lane MP - Milepost
PK - Parkway PL - Place
RD - Road ST - Street
TE - Terrace WA - WayLocation
Route
Type¹

Location Route Number

Loc Prefix
N, S,
E, W

Location Road Name

48

Location
Road
Type²Route Types¹
IR - Interstate Route (inc. turnpike)
US - US Route
SR - State RouteCR - Numbered County Route
TR - Numbered Township RouteDistance From Reference
1/4 Miles
Feet
YardsDir From Ref
N, S,
E, WReference
Route
Type¹

Reference Route Number

Ref Prefix
N, S,
E, W

Reference Name (Road, Milepost, House #)

Main

Reference
Road
Type²

57

Reference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
01
02
03
04
0501 - Not an intersection
02 - Four-way Intersection
03 - T-Intersection
04 - Y-Intersection
05 - Traffic Circle/Roundabout
06 - Five-point, or more
07 - On Ramp
08 - Off Ramp
09 - Crossover
10 - Driveway/Alley Access11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown☐ Intersection
RelatedLocation of First Harmful Event
1 - On Roadway
2 - On Shoulder
3 - In Median
4 - On Roadside
5 - On Gore
6 - Outside Trafficway
9 - UnknownRoad Contour
1 - Straight Level
2 - Straight Grade
3 - Curve Level
4 - Curve Grade
9 - UnknownRoad Conditions
Primary
03

Secondary

01 - Dry
02 - Wet
03 - Snow
04 - Ice
05 - Sand, Mud, Dirt, Oil, Gravel
06 - Water (Standing, Moving)
07 - Slush
08 - Debris*09 - Rut, Holes, Bumps, Uneven Pavement*
10 - Other
99 - Unknown

* Secondary Condition Only

Manner of Crash Collision/Impact

2 1 - Not Collision Between
Two Motor Vehicles
In Transport2 - Rear-End
3 - Head-On
4 - Rear-to-Rear5 - Backing
6 - Angle
7 - Sideswipe, Same Direction8 - Sideswipe, Opposite
Direction
9 - Unknown

Weather

6

1 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke4 - Rain
5 - Sleet, Hail
6 - Snow7 - Severe Crosswinds
8 - Blowing Sand, Soil, Dirt, Snow
9 - Other/Unknown

Road Surface

2 1 - Concrete
2 - Blacktop, Bituminous,
Asphalt
3 - Brick/Block4 - Slag, Gravel,
Stone
5 - Dirt
6 - Other

Light Conditions

Primary
1Secondary
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other

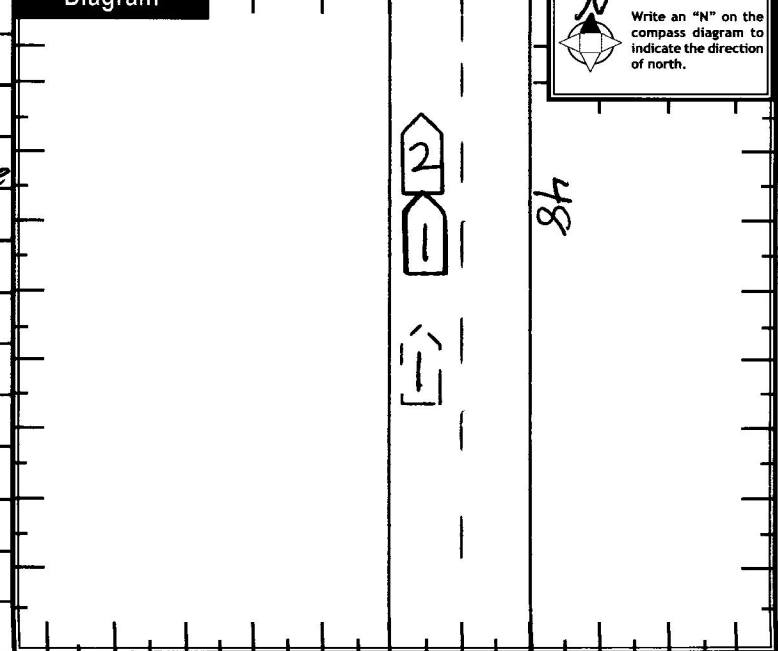
* Secondary Condition Only

☐ School
Zone
RelatedSchool Bus Related
☐ Yes, School Bus
Directly Involved
☐ Yes, School Bus
Indirectly Involved☐ Work
Zone
Related☐ Workers Present
☐ Law Enforcement Present
(Officer/Vehicle)
☐ Law Enforcement Present
(Vehicle Only)Type of Work Zone
☐ 1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median4 - Intermittent or Moving Work
5 - OtherLocation of Crash in Work Zone
☐ 1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area4 - Activity Area
5 - Termination Area

Narrative

Unit 2 slowed because of a crash that happened in front of him. Unit 1 failed to keep a safe distance striking unit 2 in the rear.

Diagram

Report Taken By
☒ Police Agency
☐ Motorist☐ Supplement (Correction or Addition to
an Existing Report Sent to ODPS)

Date Crash Reported

02/14/2014

Time Crash Reported

15:49

Dispatch Time

15:50

Arrival Time

15:50

Time Cleared

15:58

Other Investigation Time

19

Total Minutes

19

Officer's Name *

Morris

Officer's Badge Number

131

Checked By

LCM 131

Page of



Unit

Local Report Number

14-066

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Burton, Shirley	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 1073 Shawhan Rd. Morrow OH 45152				
LP State OH	License Plate Number CEN7715	Vehicle Identification Number 1G1JG1243X7290570	# Occupants 01	
Vehicle Year 1999	Vehicle Make Chevy	Vehicle Model 25	Vehicle Color White	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company State Farm	Policy Number 2149772C0935V	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass - 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No. 01	<input type="checkbox"/> Hazardous Material Released		
HM Class Number 01			

Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 01 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	<input type="checkbox"/> Has HM Placard
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Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 99 - Unknown Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances Primary 09 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road Secondary 01 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 01 Most Harmful Event 01 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 01 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 01	Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) KKG Inc	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number EF96YU	Vehicle Identification Number 54XFE43509L037912	2 - Minor	
Vehicle Year 2009	Vehicle Make BMW	Vehicle Model SW	3 - Functional	
Vehicle Color Black	Insurance Company Metropolitan	Policy Number 1330204130	4 - Disabling	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Towed By		9 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No. 0000	<input type="checkbox"/> Hazardous Material Released	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit
HM Class Number 00			

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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

14-066

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Burton, Jefferson	DATE OF BIRTH 03/31/1961	AGE 52	GENDER M
ADDRESS, CITY, STATE, ZIP 1073 Shawhan Rd Morrow OH 45152			CONTACT PHONE- INCLUDE AREA CODE 513-510-1997	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RM406060	OL CLASS 1	No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END.	CONDITION 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				HANDS-FREE <input type="checkbox"/> DEVICE USED
				DRIVER DISTRACTED BY 1

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Grilliot, Kyle	DATE OF BIRTH 11/12/1965	AGE 48	GENDER M
ADDRESS, CITY, STATE, ZIP 2893 River End Ct. Spring Valley OH 45370			CONTACT PHONE- INCLUDE AREA CODE 937-271-2843	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS 4	No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END.	CONDITION 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
				HANDS-FREE <input type="checkbox"/> DEVICE USED
				DRIVER DISTRACTED BY 1

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []
UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH []	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED []
			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	
			SEATING POSITION	
			AIR BAG USAGE	
			EJECTION	
			TRAPPED	
			PAGE OF	